



Board of Hearing Aid Dispensers and Audiologists

Mailing Address:
810 North Main Street, Suite 298
Spearfish, SD 57783

Phone: (605) 642-1600

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Draft-Teleconference **BOARD MEETING AGENDA**

TO: **All Board Members**

FROM: Carol Tellinghuisen

DATE: **December 26, 2019**

MEETING DATE: **January 13, 2020**

LOCATION: Teleconference with public access at:

Board Office	ProCenter Hearing
629 Main Street	112 W. 3 rd Street
Spearfish, SD	Yankton, SD
605-642-1600	605-665-1045

Persons interested in joining the meeting may do so by appearing in person for the conference call at the locations listed above or by calling 605-642-1600 by January 10, 2019 to arrange for a dial in number for the teleconference.

MEETING TIME: 12:00 PM CT / 11:00 AM MT

Agenda Item Number

1. Call to Order/Welcome and introductions-Reder
2. Roll Call
3. Corrections or additions to the agenda
4. Approval of the agenda
5. Public Comment at 12:05 p.m. CT
6. Election of Officers
7. Approval of the minutes from July 15, 2019
8. FY Financial Update
9. Executive Session Pursuant to SDCL 1-25-2
 - a. Executive Secretary Contract Renewal
10. Discussion of online hearing aids
11. Tele-practice
12. Audiology and Speech-Language Pathology Interstate Compact
13. Any other business coming in between date of mailing and date of meeting

Page (2)

South Dakota Board of Hearing Aid Dispensers & Audiologists

Board Meeting Agenda

January 13, 2020

14. Schedule next meeting
15. Adjourn

DRAFT



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DRAFT-OFFICIAL BOARD MINUTES FOR July 15, 2019 Teleconference

MEMBERS PRESENT: Kurt Reder, President
Dan Smith, Secretary/Treasurer (joined at 11:05AM)
Todd Decker, Member
Norman Sorensen, Member
Ann Oldenkamp, Lay Member

MEMBERS ABSENT: None

OTHERS PRESENT: Carol Tellinghuisen, Executive Secretary
Jill Lesselyoung, Executive Assistant
Scott Roetzel, Office of the Attorney General
Carly Hemmingson, SD Speech-Language-Hearing Association

President Reder called the meeting to order at 11:02AM MT.

ROLL CALL: Reder asked Lesselyoung to call the roll. A quorum was present.

CORRECTIONS OR ADDITIONS TO THE AGENDA: None

APPROVAL OF THE AGENDA: Decker made a motion to approve the agenda. Sorensen seconded the motion. **MOTION PASSED** by roll call vote.

PUBLIC COMMENT: Reder called for public comment. There was no public comment.

APPROVAL OF MINUTES: Decker made a motion to approve the minutes from January 7, 2019. Oldenkamp seconded the motion. **MOTION PASSED** by roll call vote; Reder, yes; Smith, yes; Decker, yes; Sorensen, yes, Oldenkamp, yes.

FY FINANCIAL UPDATE: Lesselyoung reported fiscal year-end figures as of June 30, 2019; revenue of \$28,410.71, expenses of \$25,698.70 and cash balance of \$93,932.06.

RENEWAL UPDATE: There are currently 136 licensees; 15 are non-renewed as of July 15, 2019. Non-renewal notices have been sent.

Page (2)

**South Dakota Board of Hearing Aid Dispensers & Audiologists
Board Meeting Minutes, July 15, 2019**

EXECUTIVE SESSION PER SDCL 1-25-2: Sorensen made a motion to enter executive session at 11:12AM. Decker seconded the motion. **MOTION PASSED** by roll call vote; Reder, yes; Smith, yes; Decker, yes; Sorsensen, yes, Oldenkamp, yes. Hemmingson exited the meeting. Decker made a motion to exit executive session at 11:21AM. Reder seconded the motion. **MOTION PASSED** by roll call vote; Reder, yes; Smith, yes; Decker, yes; Sorsensen, yes, Oldenkamp, yes. Hemmingson re-joined the meeting.

COMPLAINTS/INVESTIGATIONS: Decker recommended to close the file on complaint #141. Smith made a motion to close the file. Sorensen seconded the motion. **MOTION PASSED** by roll call vote with Decker abstaining; Reder, yes; Smith, yes; Sorensen, yes; Oldenkamp, yes.

DISCUSSION OF ONLINE HEARING AIDS: Decker led the discussion with the Board. He advised the FDA is in the process of vetting the legislation for the over the counter hearing aids with probable implementation by August of 2020. Roetzel advised he had contacted several neighboring states to see how they plan to handle but has not heard back. He will follow up prior to the next meeting. Following discussion, the Board agreed to add as an agenda item for the next meeting along with tele-audiology.

ANY OTHER BUSINESS COMING IN BETWEEN DATE OF MAILING AND DATE OF MEETING: Decker advised he is close to finishing the updates to the audiogram templates for the practicum testing. He will forward to the Board office for dissemination to the full Board. There was no other business.

SCHEDULE NEXT MEETING: The next meeting has been tentatively scheduled for January 13th, 2020 via teleconference at 11:00MT/12:00CT.

Decker made a motion to adjourn the meeting at 11:42AM MT. Oldenkamp seconded the motion. **MOTION PASSED** by roll call vote, Reder, yes; Smith, yes; Decker, yes; Sorsensen, yes, Oldenkamp, yes.

Respectfully submitted,

Dan Smith
Secretary/Treasurer

1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

BA0225R5 06/29/2019

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 06/30/2019

PAGE

45

AGENCY 09 HEALTH
BUDGET UNIT 09203 BOARD OF HEARING AID DISPENSERS
CENTER COMP ACCOUNT DESCRIPTION

COMPANY NO 6503
COMPANY NAME PROFESSIONAL & LICENSING BOARDS

CURRENT MONTH

YEAR-TO-DATE

092030061811 6503 4293954

HEARING AID DISPENSER

10,600.00

27,450.00

*

ACCT: 4293 BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)

10,600.00

27,450.00

*

ACCT: 42 LICENSES, PERMITS & FEES

10,600.00

27,450.00

**

092030061811 6503 4920045 NONOPERATING REVENUES

.00

960.71

*

ACCT: 4920 NONOPERATING REVENUE

.00

960.71

**

ACCT: 49 OTHER REVENUE

.00

960.71

CNTR: 092030061811

10,600.00

28,410.71

CNTR: 092030061

10,600.00

28,410.71

CNTR: 0920300

10,600.00

28,410.71

COMP: 6503

10,600.00

28,410.71

B UNIT: 09203

10,600.00

28,410.71

AGENCY	09	HEALTH
BUDGET UNIT	09203	BOARD OF HEARING AID DISPENSERS
CENTER-5	09203	BOARD OF HEARING AID DISPENSERS

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT	VOYAGE
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YEAR-TO-DATE

COMPANY NO	6503
COMPANY NAME	PROFESSIONAL & LICENSING BOARDS

092030061811 6503 510103000000000000 BOARD & COMM MGRS ETC

ACCT:	5101	EMPLOYEE SALARIES
092030061811	6503	510201000000000000
		QAST-EMPLOYEE'S SHARE
		.00

ACCT:	5102	EMPLOYEE BENEFITS	
ACCT:	51	PERSONAL SERVICES	
			.00
			18.36
			*

092030061811	6503	520303000000000000	AUTO-PRIV (IN-ST.)	H/RTE	.00
092030061811	6503	520310000000000000	LODGING/IN-STATE		.00
092030061811	6503	520315000000000000	NON-TAXABLE MEALS/IN-ST		.00

ACCT: 5203 TRAVEL
882030061811 CFCO

00

092030061811	6503	520409000000000000	MANAGEMENT CONSULTANT	217.87	22,118.60
092030061811	6503	520409000000000000	MANAGEMENT CONSULTANT	217.87	22,118.60
092030061811	6503	520409000000000000	MANAGEMENT CONSULTANT	217.87	22,118.60

992030061811	6503	520418000000000000	WORKSHOP REGISTRATION FEE	.00
992030061811	6503	520418000000000000	COMPUTER SERVICES-SMART	75.35
992030061811	6503	520418000000000000		12.00
992030061811	6503	520418000000000000		12.00

92030061811	6503	52042000000000000000	CENTRAL SERVICES	.00
92030061811	6503	52042040000000000000	RECORDS	.00
92030061811	6503	52042040000000000000	RECORDS	1,112.56

92030061811	6503	520420700000000000	ALCOHOLS MGMT SERVICES	.00	213.00
92030061811	6503	520420700000000000	HUMAN RESOURCES SERVICES	.00	48.48
92030061811	6503	520420700000000000		.00	

92030061811	6503	RENTS-OTHER	.00	40.48
520451000000000000000000	520458000000000000000000	RENTS-OTHER	.00	153.72

92030061811	6503	52045900000000000000	INS PREMIUMS & SURETY BDS	.00	11.20
			INOCN-DRAIAGE & FREIGHT	.00	000.00

ACCT: 5204	1.00	300.00
CONTRACTUAL SERVICES		

92030061811	6503	520502000000000080	OFFICE SUPPLIES	217.87	24,635.73
92030061811	6503	520531000000000000		.00	127.06

COMP: 6503 PROFESSIONAL & TECHNICAL SKILLS

*****	217.87	25,698.70	***
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UNIT: 09203 217.87 25,698.70 *****

AGENCY: 09 HEALTH
BUDGET UNIT: 09203 BOARD OF HEARING AID DISPENSERS

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061811	1140000	93,932.06	DR	BOARD OF HEARING AID DISPENSERS
COMPANY/SOURCE TOTAL 6503 618			93,932.06	DR *	
COMP/BUDG UNIT TOTAL 6503 09203			93,932.06	DR **	
BUDGET UNIT TOTAL 09203			93,932.06	DR ***	

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 11/30/2019

PAGE

34

AGENCY	09	HEALTH				
BUDGET UNIT	09203	BOARD OF HEARING AID DISPENSERS				
CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO	6503					
COMPANY NAME	PROFESSIONAL & LICENSING BOARDS					
092030061811	6503	4293954	HEARING AID DISPENSER	200.00	6,150.00	
ACCT:	4293		BUSINESS & GOV- LICENSING (NON-GOVERNMENTAL)	200.00	6,150.00	*
ACCT:	42		LICENSES, PERMITS & FEES	200.00	6,150.00	**
092030061811	6503	4920045	NONOPERATING REVENUES	.00	1,720.94	*
ACCT:	4920		NONOPERATING REVENUE	.00	1,720.94	*
ACCT:	49		OTHER REVENUE	.00	1,720.94	**
CNTR:	092030061811			200.00	7,870.94	***
CNTR:	092030061			200.00	7,870.94	****
CNTR:	0920300			200.00	7,870.94	*****
COMP:	6503			200.00	7,870.94	*****
B UNIT:	09203			200.00	7,870.94	*****

STATE OF SOUTH DAKOTA
MONTHLY OBJECT/SUB-OBJECT REPORT BY BUDGET UNIT
FOR PERIOD ENDING: 11/30/2019

PAGE

168

AGENCY BUDGET UNIT CENTER-5 CENTER	09 09203 09203	HEALTH BOARD OF HEARING AID DISPENSERS BOARD OF HEARING AID DISPENSERS	COMP COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO	6503				PROFESSIONAL & LICENSING BOARDS			
COMPANY NAME	6503				PROFESSIONAL & LICENSING BOARDS			
092030061811	6503	520409000000000000			MANAGEMENT CONSULTANT	1,828.55	11,025.43	
092030061811	6503	520420000000000000			CENTRAL SERVICES	103.90	270.16	
092030061811	6503	520420400000000000			RECORDS MGMT SERVICES	.00	121.00	
ACCT: 5204		CONTRACTUAL SERVICES						
092030061811	6503	520531000000000000			PRINTING-STATE	1,932.45	11,416.59	*
092030061811	6503	520535000000000000			POSTAGE	24.64	35.97	
ACCT: 5205		SUPPLIES & MATERIALS						
ACCT: 52		OPERATING EXPENSES				24.64	53.03	*
COMP: 6503		PROFESSIONAL & LICENSING BOARDS				1,957.09	11,469.62	**
CENTER: 092030061811						1,957.09	11,469.62	***
B UNIT: 09203						1,957.09	11,469.62	*****

AGENCY: 09 HEALTH
BUDGET UNIT: 09203 BOARD OF HEARING AID DISPENSERS

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061811	1140000	90,333.38	DR	
COMPANY/SOURCE TOTAL 6503 618			90,333.38	DR *	BOARD OF HEARING AID DISPENSERS
COMP/BUDG UNIT TOTAL 6503 09203			90,333.38	DR **	
BUDGET UNIT TOTAL 09203			90,333.38	DR ***	

Audiology & Speech- Language Pathology Interstate Compact (ASLP-IC)

An overview of interstate compacts and in-depth information on the ASLP-IC's process development, requirements to participate, and benefits to states and consumers.

Table of Contents

Interstate Compact Overview.....	1
Congress Approval.....	1
State Constitution's Permit the Creation and/or Joining of Interstate Compacts	1
Interstate Compacts Are Common.....	2
Types of Interstate Compacts	2
Regulatory Interstate Compacts in Health Care are Unique.....	3
Interstate Compacts Provide Many Advantages	3
Interstate Compact Development.....	4
Interstate Compact Components	4
Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)	5
Development Process.....	5
Requirements for Audiologists and Speech-Language Pathologists to Participate.....	6
Impact on States	8
Impact on Audiologists and Speech-Language Pathologists	8
Impact on Consumers	8

FOR ADDITIONAL INFORMATION

Dan Logsdon | dlogsdon@csg.org | 859-244-8226

Interstate Compact Overview

An interstate compact is a powerful, durable, and adaptive tool for ensuring cooperative action among states. It can provide a state-developed structure for collaborative and dynamic action while building consensus among states. The nature of an interstate compact makes it the ideal tool to meet the demand for cooperative state action by developing and enforcing stringent standards while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

General purposes for creating an interstate compact include:

- establishing a formal, legal relationship among states to address common problems or promote a common agenda;
- creating independent, multistate governmental authorities (e.g., Commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally;
- developing uniform guidelines, standards, or procedures for agencies in the compact's member states;
- promoting economies of scale to reduce administrative and other costs;
- responding to national priorities in consultation or in partnership with the federal government;
- retaining state sovereignty in matters traditionally reserved for the states; and
- settling interstate disputes.

Congressional Approval

Congress typically must first approve an interstate compact. Article I, Section 10 of the U.S. Constitution provides in part that “no state shall, without the consent of Congress, enter into any agreement or compact with another state.” Historically, this clause generally meant all compacts must receive congressional consent. However, the purpose of this provision was not to inhibit the states’ ability to act in concert with each other. In fact, by the time the Constitution was drafted, the states were already accustomed to resolving disputes and addressing problems through interstate compacts and agreements. The purpose of the compact clause was simply to protect the pre-eminence of the new national government by preventing the states from infringing upon federal authority or altering the federal balance of power by compact.

Accordingly, the Supreme Court indicated more than 100 years ago in *Virginia v. Tennessee*, 148 U.S. 503 (1893) that not all compacts require Congressional approval. Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress.

State Constitutions Permit the Creation and/or Joining of Interstate Compacts

Compact language is usually drafted with state constitutional requirements common to most state constitutions such as separation of powers, delegation of power, and debt limitations in mind. The validity of the state authority to enter compacts and potentially delegate authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia v. Sims*, 341 U.S.22 (1951).

Interstate Compacts Are Common

Over 200 interstate compacts are in existence today. Typically, a state belongs to more than 20 interstate compacts.

Types of Interstate Compacts

Although there are many types of interstate compacts that are generally divided into three types of compacts:

- **Regulatory Compacts:** The broadest and largest category of interstate compacts may be referred to as “regulatory” or “administrative” compacts. Such compacts are a development of the 20th century and embrace wide-ranging topics including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency, child support, and so forth. Examples of such compacts include:
 - *Driver License Compact:* Exchange information concerning license suspensions and traffic violations of non-residents and forward them to the state where they are licensed known as the home state.
 - *Interstate Compact on Adult Offender Supervision:* Regulate the movement of adult offenders across state lines.
 - *Midwest Radioactive Waste Disposal Compact:* Regulate radioactive waste disposal.
 - *Washington Metropolitan Area Transit Regulation Compact:* Regulate passenger transportation by private carrier.
 - *1921 Port Authority of New York-New Jersey Compact:* Provides joint agency regulation of transportation, terminal, and commerce/trade facilities in the New York metropolitan area.

Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact.

- **Border Compacts:** Border compacts are agreements between two or more states that alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with Congress’s approval. Examples include the Virginia-Tennessee Boundary Agreement of 1803, Arizona-California Boundary Compact of 1963, the Missouri-Nebraska Compact of 1990, and the Virginia-West Virginia Boundary Compact of 1998.
- **Advisory Compacts:** Advisory compacts are agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report back to the respective states on their findings. Such compacts do not result in any change in the state’s boundaries nor do they create ongoing administrative agencies with regulatory authority. They do not require congressional consent because they do not alter the political balance of power between the states and federal government or intrude on a congressional power. An example of such a compact is the Delmarva Peninsula Advisory Council Compact (to study regional economic development issues), 29 Del. C. § 11101 (2003); Va. Code Ann. § 2.2- 5800 (2003).

Regulatory Interstate Compacts in Health Care are Unique

Depending on the needs of the profession, interstate compacts addressing regulatory matters within the health care sector can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. For example, in comparing the professions of medicine and nursing, medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license. Audiology and speech-language pathology has chosen to use the *privilege to practice* model that is currently being used by the physical therapists.

Interstate Compacts Provide Many Advantages

Interstate compacts provide an effective solution to addressing multistate issues. Compacts enable the states, in their sovereign capacity, to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process while respecting the view of Congress on the appropriateness of joint action. Interstate compacts can preempt federal involvement into matters that are traditionally within the purview of the states but have regional or national implications.

Compacts afford states the opportunity to develop dynamic self-regulatory systems that participating states can maintain control of through a coordinated legislative and administrative process. Compacts enable the states to develop adaptive structures that can evolve to meet new and increased challenges that naturally arise over time.

Interstate compacts can provide states with a predictable, stable, and enforceable instrument of policy control. The contractual nature of compacts ensures their enforceability on the participating states. The fact that compacts cannot be unilaterally amended ensures that participating states will have a predictable and stable policy platform for resolving issues. By entering into an interstate compact, each participating state acquires the legal right to require the other states to perform under the terms and conditions of the compact.

Interstate compacts may often require a great deal of time to develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, some interstate compacts have required decades to reach critical mass. The purpose of an interstate compact is to provide for the collective allocation of governing authority between participating states. The requirement of substantive "sameness" prevents participating states from passing dissimilar enactments notwithstanding, perhaps, pressing state differences with respect to matters within the compact.

To the extent that a compact is used as a governing tool, they require, even in the boundary compact context, that participating states cede some portion of their sovereignty. The matter of state sovereignty can be particularly problematic when interstate compacts create ongoing administrative bodies that possess substantial governing power. Such compacts are truly a creation of the 20th century as an out-growth of creating the modern administrative state. However, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

Interstate Compact Development

Compacts are contracts between states. To be enforceable, they must satisfy the customary requirements for valid contracts, including the notions of offer and acceptance. An offer is made when one state, usually by statute, adopts the terms of a compact requiring approval by one or more additional states to become effective. Other states accept the offer by adopting identical compact language. Once the required number of states has adopted the pact, the contract between them is valid and becomes effective as provided. The only other potential requirement is congressional consent.

Interstate Compact Components

The compact should contain the minimum basics upon which it needs to operate, including the agreement between states and the operation of its governing body. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework to build upon. The rules are the actuators of the compact and contain the details of state interaction, including:

- how information will be shared;
- standards and practices to be followed;
- forms that will be used; and
- timelines to be established.

By using the compact as the broad framework, the rules can be adapted and adjusted as needed throughout the life the compact without the need to go back each time for legislative approval from the member states, subject to the legislatively delegated authority.

Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)

Development Process

ASLP-IC is an interstate compact designed to allow licensed audiologists and speech-language pathologists to practice across state boundaries and through telepractice both legally and ethically without necessitating that an individual become licensed in every state to practice.

The development of any interstate compact should be a state-driven and state-championed solution for issues that cross state boundaries. The American Speech-Language-Hearing Association (ASHA), the national professional association for audiologists and speech-language pathologists, was approached by its members to develop a mechanism to assist in the regulation of interstate licensure and telepractice. Given ASHA's financial and operational abilities, ASHA agreed to underwrite the process and engage in a contract with the Council of State Governments, National Center for Interstate Compacts (CSG-NCIC). ASHA partnered with CSG-NCIC and the National Council of State Boards of Examiners in Speech-Language Pathology and Audiology (NCSB) to move forward with the ASLP-IC.

The initial process involved identifying an Advisory Group and Drafting Team.

- **Advisory Group:** The Advisory Group was composed of 16 members including state officials and representatives from state licensing boards, the U.S. Department of Defense, and national stakeholder organizations. They examined the challenges encountered by audiologists and speech-language pathologists providing interstate services, both in-person and through telepractice. The group then reviewed the feasibility of drafting a compact as a way of regulating interstate practice as well as meeting the request of the member boards to create an agreement between the states. The Advisory Group met in 2017. Their work culminated in a set of broad recommendations as to what the final compact product should entail.
- **Drafting Team:** The Drafting Team, a subset of the Advisory Group, was tasked with implementing, via a draft compact, the thoughts, ideas, and suggestions of the Advisory Group. The six-member Drafting Team, composed of compact and issue area experts, crafted the recommendations and provided their thoughts and expertise into the draft compact. The document was then open for comment in October 2018 for stakeholders. After the stakeholder feedback period, the Drafting Team made modifications as needed based on the feedback.

ASLP-IC becomes operational once 10 states enact ASLP-IC and enter the compact. The Advisory Group determined 10 states would be the critical mass needed to make ASLP-IC a useful and viable instrument to practice under the authority of ASLP-IC across state lines. Coincidentally, other compacts like the Physical Therapy Compact have used 10 states as a benchmark for their compact to become operational.

When an ASLP-IC becomes operational the ASLP-IC Commission is created. The Commission is the governing body of ASLP-IC and is responsible for its oversight and the creation of its Rules and Bylaws. Individual licensed audiologists and speech-language pathologists in ASLP-IC member state can then apply for a *privilege to practice*.

The role of the ASLP-IC Commission is the governing body of the ASLP-IC and is comprised of two representatives appointed from each ASLP-IC state licensing board; one representing the practice of audiology and one representing the practice of speech-language pathology. The Commission is responsible for implementing the Rules and Bylaws of the ASLP-IC.

The ASLP-IC Commission operates as the free-standing governing body of the ASLP-IC. NCSB will have one ex-officio, nonvoting member serve on the Executive Board of the Commission. A national audiology membership organization and a national speech-language pathology membership organization will also have one ex-officio, nonvoting membership each on the Executive Board of the Commission.

Requirements for Audiologists and Speech-Language Pathologists to Participate

The prevailing standard in the United States for the profession of audiology is for an individual to possess a doctoral degree in audiology. The prevailing standard in the United States for the profession of speech-language pathology is for an individual to possess a master's degree in speech-language pathology.

A licensed audiologist's or speech-language pathologist's participation in the ASLP-IC requires that he or she meet a defined set of criteria as stated in the ASLP-IC. Through a state's participation in the ASLP-IC, an audiology or speech-language pathology licensing board does not conduct the full assessment and review as required when reviewing an individual's application for licensure. Rather, they rely on the ASLP-IC to vet an individual's qualifications and ensure that they meet this defined set of standards, such as not having any disciplinary issues, as those individuals participating in the ASLP-IC will not be reviewed by a board on a case-by-case basis.

An audiologist who has graduated with a master's degree in audiology prior to December 31, 2007, may obtain a *privilege to practice* under the ASLP-IC.

If an ASLP-IC participating state does not require a separate license or certification to work in a school, an individual who works in a school may obtain a *privilege to practice* under the ASLP-IC. That individual may work in a school in another participating state only if that state does not require a separate license or certification to do so.

Home State	Remote State	Privilege to Practice
One license	One license	Privilege to Practice
One license	DOE License/Cert required	DOE License/Cert required
DOE License/Cert required	DOE License/Cert required	DOE License/Cert required
DOE License/Cert required	One license	Privilege to Practice

If an ASLP-IC participating state does not require a separate license to dispense a hearing aid, a practitioner may obtain a *privilege to practice* under the ASLP-IC and will be able to continue to do so. If the remote state does require a separate license to dispense, the practitioner will have to obtain that license.

Home State	Remote State	Privilege to Practice
One license	One license	Privilege to Practice
One license	HAD license required	HAD license required
HAD license required	HAD license required	HAD license required
HAD license required	One license	Privilege to Practice

An individual can no longer practice under the authority of the ASLP-IC if his or her state license is revoked. An individual is still eligible to apply for licensure directly in any state, regardless of that state's participation in the ASLP-IC. By applying for licensure, the board will make the final, ultimate determination to decide if a license to practice audiology or speech-language pathology should be granted.

Section 3 – “G. The privilege to practice is derived from the home state license.”

Section 4 – “J. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and
2. Two years have elapsed from the date of the adverse action.”

If a *privilege to practice* is revoked because of an adverse action, every other state where a *privilege to practice* is held and where the home state license is held will determine if the privilege or license in that state is also revoked.

An audiologist's or speech-language pathologist's *privilege to practice* is not revoked while an audiologist or speech-language pathologist is in an alternative program.

Section 7: “I. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.”

Continuing Education & the ASLP-IC. A practitioner only needs to maintain their home state license and associated continuing education in order to obtain a *privilege to practice* in a remote state. The practitioner does not need to meet a remote state's continuing education requirements unless it relates to scope of practice issues. For example, if a remote state requires continuing education in supervision in order to supervise, the practitioner would be required to complete that continuing education requirement if they planned to supervise.

ASLP-IC provides an accessible and manageable regulatory structure for the practice of audiology and speech-language pathology across state lines. Advantages to consumers are increased access to care, an avenue for complaints, and a greater degree of public protection. Audiologists and speech-language pathologists also have a means to provide services in other states where they may not currently hold a license. ASLP-IC requires that an

audiologist and speech-language pathologist be licensed in their home state but allows to practice in a remote state through a *privilege to practice*. This allows the home state to continue to regulate while allowing the remote state to know who is practicing in their state and in what capacity without requiring audiologists and speech-language pathologists to obtain and maintain a license in every ASLP-IC state.

Impact on States

Licensing requirements vary state to state.

As a means to promote compliance with laws as well as develop consistency in practice standards amongst states, ASLP-IC serves as mechanism in which states agree to accept audiologists and speech-language pathologists that have met a defined level of standards who are practicing in their state.

The rules of the ASLP-IC are only applicable to states that enact ASLP-IC.

The rules of the ASLP-IC would only supersede any state law pertaining to the interjurisdictional practice of audiology and speech-language pathology.

A state can withdraw from ASLP-IC by repealing the ASLP-IC Model Legislation.

The withdrawal shall not take effect until six (6) months after enactment of the repealing Statute. Withdrawal will not affect the continuing requirement of the withdrawing State's Audiology and Speech-Language Pathology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

Section 12 – "C. Any member state may withdraw from this Compact by enacting a statute repealing the same."

ASLP-IC does not impact a state's right or ability to issue a license.

It is applicable only to the interjurisdictional practice of audiology and speech-language pathology precedence over state laws regarding this type of interjurisdictional practice.

Impact on Audiologists and Speech-Language Pathologists

Once the ASLP-IC becomes operational, audiologists and speech-language pathologists can apply for the *privilege to practice* in ASLP-IC states.

By already being licensed in the home state and remote state, an individual has already established full rights to practice in these states and, therefore, an individual would not receive a *privilege to practice* through the ASLP-IC.

An audiologist or speech-language pathologist would need to cancel the license in the remote state and apply for a *privilege to practice* through the ASLP-IC.

Impact on Consumers

ASLP-IC is a mechanism that can ensure public protection and improve access to care

while easing the barriers for competent and qualified audiologists and speech-language pathologists through the following:

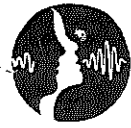
- All audiologists and speech-language pathologists must hold an active license in their home state.
- Although audiologists and speech-language pathologists are not required to have a license in the remote state, they must meet established criteria and have had no disciplinary sanctions in order to receive a *privilege to practice*.
- States will have access to a real-time, searchable database that provides information about where audiologists and speech-language pathologists are intending to practice within their state.
- ASLP-IC provides a structure for the remote state to revoke the audiologist's or speech-language pathologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. ASLP-IC allows the home state to impose discipline regarding the practice in other states.

Through ASLP-IC, states can be assured that the consumers will be receiving care from qualified audiologists and speech-language pathologists and have improved access to care. States will now have a means to identify audiologists and speech-language pathologists providing services in their state as well as have a procedure to address disciplinary sanctions.

Through the ASLP-IC, consumers will have greater access to care.

ASLP-IC will allow licensed audiologists and speech-language pathologists to provide continuity of care as clients, patients, and/or students relocate. Audiologists and speech-language pathologists will also be able to reach populations that are currently underserved, geographically isolated, or lack specialty care.

Additionally, states will have an external mechanism that accounts for all audiologists and speech-language pathologists who may enter their state to practice; thus, indicating audiologists and speech-language pathologists have met defined standards and competencies to practice in other states. ASLP-IC will also help states ensure the public will be better protected from harm.



ASHA
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Speech-Language-Hearing
Association

Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)

ASLP-IC is an occupational licensure compact that:

- Addresses increased demand to provide/receive audiology and speech-language pathology services.
- Authorizes both telehealth and in-person practice across state lines in ASLP-IC states.
- Is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.



ASLP-IC is operational when 10 states enact the legislation for the compact.

- Audiologists and speech-language pathologists licensed in their home state apply for a privilege to practice under the ASLP-IC. State lines are a barrier no more!
- ASLP-IC states communicate and exchange information including verification of licensure and disciplinary sanctions.
- ASLP-IC states retain the ability to regulate practice in their states.

Benefits

- Increasing access to client, patient and student care.
- Facilitating continuity of care when clients, patients, and students relocate, travel.
- Certifying that audiologists and speech-language pathologists have met acceptable standards of practice.
- Promoting cooperation between ASLP-IC states in the areas of licensure and regulation.
- Offering a higher degree of consumer protection across state lines.

Impacts

- Allowing licensed audiologists and speech-language pathologists to practice face to face or through telehealth across state lines without having to become licensed in additional ASLP-IC states.

- Permitting audiologists and speech-language pathologists to provide services to populations currently underserved or geographically isolated.
- Allowing military personnel and spouses to more easily maintain their profession when relocating.

Resources

- Learn more about interstate compacts by visiting CSG's National Center for Interstate Compacts.
- Learn more about the ASLP-IC.
- Find out who the collaborative partners are and see the latest updates.
- ASHA Compacts Presentation: Compacts 101 (August 27, 2019) [PDF]
- ASHA Compact Presentation: ASLP-IC Section by Section [PDF]

For questions, contact Dan Logsdon at dlogsdon@csg.org or ASHA at interstatecompact@asha.org.

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